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LHST/MMY/kcs
08/8/03

PATENT APPLICATION
DOCKET NO. 2825.1021-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Thomas J. Hudson, James C. Engert and Andrea Richter

Application No.: 09/693,205 Group: 1653

Filed: October 20, 2000 Examiner: C. Kam

Confirmation No.: 7268

For: IDENTIFICATION OF ARSACS MUTATIONS AND METHODS
OF USE THEREFOR

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>7/8/03</u>	<u>Wendy Morrissey</u>
Date	Signature
<u>Wendy Morrissey</u>	
Typed or printed name of person signing certificate	

RECEIVED
JUL 16 2003
TECH CENTER 1600/2900

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	8	MINUS	* 39	0
INDEP	4	MINUS	** 16	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$
X	\$42	\$
+	\$140	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$ 0
X	\$84	\$ 0
+	\$280	\$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	<u>110</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Continued Examination	\$	<u>750</u>
	_____	\$	_____
	TOTAL:	\$	<u>860</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie
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Concord, Massachusetts 01742-9133

Dated: 7/8/03